

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080902

FILED
May 13, 2007
Secretary of State

Entity Name: PLATINUM HOME HEALTHCARE, LLC

Current Principal Place of Business:

1025 WEST OAK RIDGE RD.
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

1025 WEST OAK RIDGE RD.
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 20-5388102 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CARLOS, CARVIZ
5080 WAYSIDE DRIVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

CARLOS, CARVIZ
1025 WEST OAK RIDGE RD.
ORLANDO, FL 32809 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CARVIZ CARLOS

05/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARLOS, CARVIZ
Address: 116 LAMPLIGHTER ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM () Delete
Name: MERCADO, JENNY
Address: 6669 CHERRY GROVE CIRCLE
City-St-Zip: ORLANDO, FL 32809

Title: MGRM () Delete
Name: ARMAS, MARY GRACE
Address: 16962 DEER OAK LANE
City-St-Zip: ORLANDO, FL 32828

Title: MGRM () Delete
Name: DEGUZMAN, CAROLINE S
Address: 3281 HAWKS NEST DRIVE
City-St-Zip: KISSIMMEE, FL 34741

Title: MGRM () Delete
Name: MOLINA, ROSELOU F
Address: 1618 SAGE CREEK COURT
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CARVIZ CARLOS

MGRM

05/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date